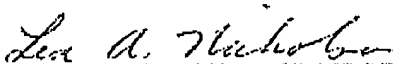
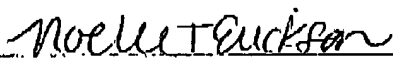


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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)		Docket No.	
Applicant(s): WALTER A. MANRIQUE		POU9-2001-0003US1/1B2-0015	
Serial No. 09/942,351	Filing Date 8/29/2001	Examiner FRANTZ COBY	Group Art Unit 2171
Invention: METHOD AND SYSTEM FOR PERFORMING IN-LINE TEXT EXPANSION			
RECEIVED CENTRAL FAX CENTER JUN 07 2004			
<p>I hereby certify that this _____ Amendment _____ (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306)</p> <p>on June 7, 2004 _____ (Date)</p> <p style="text-align: right;">_____ Noelle T. Erickson (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;">_____ <i>Noelle T. Erickson</i> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): WALTER A. MANRIQUE				POU9-2001-0003US1/IB2-0015	
Serial No. 09/942,351	Filing Date 8/29/2001	Examiner FRANTZ COBY	Group Art Unit 2171		
Invention: METHOD AND SYSTEM FOR PERFORMING IN-LINE TEXT EXPANSION					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	24 -	24 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0463 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  Signature </div> <div> Dated: June 7, 2004 </div> </div> <div style="margin-top: 20px;"> Lea A. Nicholson Registration No. 48,346 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone: (860) 286-2929 Customer Service No. 23413 </div>					
<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. </div> <div style="text-align: center; margin-top: 20px;">  Signature of Person Mailing Correspondence </div> <div style="text-align: center; margin-top: 10px;"> Noelle T. Erickson Typed or Printed Name of Person Mailing Correspondence </div>					
CC:					

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JUN 07 2004

Applicant: WALTER A. MANRIQUE)
Serial No. 09/942,351) Group Art Unit: 2171
Filed: August 29, 2001) Examiner: Frantz Coby
For: METHOD AND SYSTEM FOR PERFORMING)
IN-LINE TEXT EXPANSION)

OFFICIAL**AMENDMENT**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed March 8, 2004, Applicant requests reconsideration in view of the following amendment and remarks for entry in the above-identified application.

1B2-0015
09/942.351